



**CITY OF REEDLEY**  
**Business License Application for Contractors**  
1733 9<sup>th</sup> Street  
Reedley, CA 93654  
(559) 637-4200, ext. 225

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street Address City State Zip Code

CONTACT PERSON: \_\_\_\_\_  
Street Address City State Zip Code

BUSINESS PHONE: ( ) \_\_\_\_\_ EMERGENCY PHONE: ( ) \_\_\_\_\_

BUSINESS TYPE & DESCRIPTION: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_  
Last Name First Name Middle Initial Date of Birth Driver's License Number  
Street Address City State Zip Code

OWNER'S SOCIAL SECURITY NUMBER OR CORPORATION NUMBER: \_\_\_\_\_

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: \_\_\_\_\_

STATE EMPLOYER'S IDENTIFICATION NUMBER: \_\_\_\_\_

STATE BOARD OF EQUALIZATION LICENSE - RESALE PERMIT: \_\_\_\_\_

\*STATE CONTRACTOR'S CLASSIFICATION CODE(S): \_\_\_\_\_  
Alpha Numeric

\*STATE CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

\*WORKER'S COMP POLICY NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

\*WORKER'S COMP CARRIER: \_\_\_\_\_

OWNER TYPE: (CIRCLE ONE) ? SOLE OWNERSHIP PARTNERSHIP CORPORATION OTHER \_\_\_\_\_

**PARTNERSHIPS & CORPORATIONS: PLEASE ATTACH A LIST OF PARTNERS OR CORPORATE OFFICERS**

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO MY KNOWLEDGE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Business License # \_\_\_\_\_ Amount Billed \_\_\_\_\_ Category \_\_\_\_\_ SIC Code \_\_\_\_\_

BUILDING OFFICIAL APPROVAL FOR CONTRACTORS ONLY \_\_\_\_\_ DATE \_\_\_\_\_